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CONFIRMATION NO. 1120

SERIAL NUMBER 10/604,121	FILING OR 371(c) DATE 06/26/2003 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 1372.39
APPLICANTS Albert Kabemba, Tampa, FL;				
** CONTINUING DATA ***** This appln claims benefit of 60/319,359 06/27/2002				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/05/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY FL	SHEETS DRAWING 1	TOTAL CLAIMS 11
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 2
ADDRESS 21901				
TITLE Therapeutic Mattress				
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	